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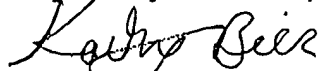
TO: REFUND DIVISION

DATE: October 11, 2001

Note: We are enclosing herewith a copy of a Request for Refund for Serial Number 09/622,396. This was originally mailed to you September 26, 2000. So far, we have not received the refund.

We respectfully request that this refund be made to our Deposit Account 08-0879 as soon as possible.

Respectfully Submitted,



Kathy Beck

HARRISON & EGBERT

713-223-4034

Practitioner's Document No. 912,071**CHAPTER II****IN THE UNITED STATES ELECTED OFFICE (EO/US)**

PCT/IT99/00040	19 February 1999	3 March 1998
INTERNATIONAL APPLICATION NO.	INTERNATIONAL FILING DATE	PRIORITY CLAIMED
TRANSLATION SYSTEM AND A MULTIFUNCTION COMPUTER, PARTICULARLY		
TITLE OF INVENTION		
D'AGOSTINI, Giovanni	FOR TREATING TEXTS AND TRANSLATION	
APPLICANT(S)	ON PAPER	

Box PCT
 Commissioner for Patents and Trademarks
 Washington, D.C. 20231
 ATTENTION: EO/US

U.S. SERIAL NO.: 09/622,396
 Filed: 8-16-2000

**REQUEST FOR REFUND (37 C.F.R. § 1.28(a))
 FOR INTERNATIONAL APPLICATION ENTERING U.S. NATIONAL STAGE
 IN U.S. ELECTED OFFICE (EO/US) UNDER 35 U.S.C. § 371**

I. SUBMISSION OF SMALL ENTITY STATEMENT

(complete (a) or (b))

- (a) ☒ Attached is a statement claiming small entity status in this application.
 (b) ☐ A statement claiming small entity status was filed in this application on _____

CERTIFICATION UNDER 37 C.F.R. § 1.10*
(Express Mail label number is mandatory.)
(Express Mail certification is optional.)

I hereby certify that this Request for Refund and the papers indicated as being transmitted therewith are being deposited with the United States Postal Service, on this date _____, in an envelope as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" Mailing Label Number _____, addressed to the: Commissioner for Patents and Trademarks, Washington, D.C. 20231.

John S. Egbert

(type or print name of person mailing paper)

Signature of person mailing paper

WARNING: Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. § 1.8 cannot be used to obtain a date of mailing or transmission for this correspondence.

***WARNING:** Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. § 1.10(b).

"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Request for Refund for International Application Entering National Stage in U.S. Elected Office (EO/US) under 35 U.S.C. § 371 [13-20]—page 1 of 2)

II. REFUND REQUEST

This request for refund is made within two months of the date a fee was paid in this application on August 16, 2000 in the amount of \$ 840

NOTE: The two month period (§ 1.28(a)) is not extendible under 37 C.F.R. § 1.136 because it is not a period for response. Notice of November 30, 1983. 49 Fed. Reg. 548, January 4, 1984.

III. FEES PAID FOR WHICH REFUND REQUESTED

	AMOUNT OF REFUND REQUESTED
<input checked="" type="checkbox"/> Filing fee under 37 C.F.R. § 1.492	<u>420</u>
<input type="checkbox"/> Fees for claims under 37 C.F.R. § 1.492(b), (c) or (d)	<u> </u>
<input type="checkbox"/> Surcharge for filing the oath or declaration on the date later than 30 months from the earliest priority date (37 C.F.R. § 1.492(e))	<u> </u>
TOTAL REFUND REQUESTED	<u>420</u>

IV. MANNER OF REFUND

- ☒ Crediting Account No. 08-0879
☐ Refunding overpayment

Reg. No.: 30,627

Tel. No.: (713) 223-4034

Customer No.: 24106


SIGNATURE OF PRACTITIONERJohn S. Egbert

(type or print name of practitioner)

Harrison & Egbert1018 Preston St., Suite 100

P.O. Address

Houston, Texas 77002**24106**
PATENT TRADEMARK OFFICE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT or PATENTEE: D'AGOSTINI, Giovanni

SERIAL or PATENT NO.: 09/622,396 (Intl Appn No.: PCT/IT99/00040)

FILED or ISSUED: August 16, 2000 (Intl file date: February 19, 1999)

GROUP:

TITLE: TRANSLATION SYSTEM AND A MULTIFUNCTION COMPUTER, PARTICULARLY FOR TREATING TEXTS AND TRANSLATION ON PAPER

SMALL ENTITY DECLARATION

☒ [X] FOR INDEPENDENT INVENTOR(S)

As a below-named inventor, I hereby declare that I am an independent inventor who (1) has not assigned, granted, conveyed, or licensed, and (2) is under no obligation under contract or law, to assign, grant, convey, or license, any rights in the invention, to any person who could not likewise be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization, as defined in 37 C.F.R. 1.9.

☐ [] FOR SMALL BUSINESS CONCERN

I hereby declare that _____ is a business concern which qualifies as a small business concern as defined in §1.9(d) - namely, (1) whose number of employees, including those of its affiliates, does not exceed 500 persons; and (2) which has not assigned, granted, conveyed, or licensed, and is under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who could not be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization under this section; and that the exclusive rights to the invention have been conveyed to and remain with the above-identified small business concern.

I further declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful, false statements and the like, so made, are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful, false statements may jeopardize the validity of the patent application or any patent issuing thereon.

INVENTOR(S)

Name: Giovanni D'Agostini

Date: 6 SEPTEMBER 2000

SMALL BUSINESS CONCERN

Name: _____

Title: _____

Date: _____

Name: _____

Date: _____

Name: _____

Title: _____

Date: _____